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Dynamics of Providing Suicide Intervention from Gatekeepers to Minority Youth: Competencies, Awareness of Multicultural Impacts, and Barriers to Help-Seeking Behaviors

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In 2017, 17.2% of the adolescent population in the United States reported suicidal ideation, 7.4% acted on suicidal thoughts, and 2.4% required medical attention following a suicide attempt (Lee & Wong, 2020). Suicide is the third leading cause of death in children between the ages of 10 through 24 (Juhnke et al., 2006). Minority youth are defined as youth who have low socioeconomic status, a racial minority, or a sexual minority. Minority youth are predisposed to significantly greater risk for suicidality, where suicidality encompasses ideation and attempting suicide. Much of the literature focuses on the treatment of youth experiencing suicidality but does not attend to the needs specific to minority youth.

Compared with Caucasian, heterosexual, and middle-class youth, minority youth tend to internalize suicidality (Pisani et al., 2012). Minority youth are less likely to engage in help-seeking behaviors, which is where youth communicate and disclose suicidality with a trusted, supportive adult figure. Because of the social taboos, cultural taboos, and the power differentials between youth and adults, minority youth experience shame when advocating for themselves. Internalizing shame discourages youth from disclosing suicidality (Pisani et al., 2012). There are many factors that contribute to the lack of help-seeking behaviors, which are ways youth communicate suicidality to adults, receive judgment from adults, have feelings of inferiority, and receive punitive actions. Minority youth are less likely to reach out for help, especially if there are no supportive adults in the social context.

Minority youth experience bullying, harassment, and social isolation, resulting from discrimination from youth in schools. Adults, if uninformed about the importance of multicultural sensitivities, may reinforce the discrimination minority youth already face. LGBTQ youth report suicidal ideation and

a prior suicide attempt four times more than heterosexual youth (Lee & Wong, 2020). Minority youth could attribute peers' and adults' attitudes toward them as another reason to internalize suicidality. While minority youth hesitate to report suicidality, they may not have as many mental health resources in their communities. The ability to foster supportive relationships to minority youth by developing a safe, trusting rapport will help the youth to feel empowered; youth who do not form secure relationships with teachers or any school personnel are further disengaged from their social milieus and can contribute to an increase in mental health issues as a result.

Another variable that hinders minority youth from seeking help from adults are prior experiences of adult victimization and social stigmas around suicidality (White, 2014). Social stigma around mental health concerns, specifically suicidality, perpetuates the narrative that suicidal behaviors are a cry for help, done out of spite or revenge, and are selfish acts (Joiner, 2007). Alongside social stigma, cultural stigma often intertwines religion, philosophy, and family values. Minority youth may have a difficult time reaching out to adults outside of their family and have an even more difficult time reaching out to adults within the family dynamic. Ability to be self-reliant, invalidating the severity of suicidality, breaking of confidentiality, and fear of hospitalization are additional barriers to youth help-seeking behaviors (White, 2014). Alongside the dominant culture's perspective on suicide, beliefs about suicidal behaviors are interpreted differently based on cultural background and religion, among other factors; thus, why it is essential that minority youth can form safe, stable, and supportive relationships in their social milieus.

Since minority youth show an increased risk for suicidality, and few sources address the impacts on adults' abilities to help youth in crisis, the purpose of this article is to address the importance of suicide-awareness training, steps gatekeepers can take to avoid unintentional harm, gatekeepers as first responders to a youth in crisis, multiculturalism awareness in an increasingly diverse world, and the recent direction in post-modernism perspectives with suicide intervention training.

Adults as Gatekeepers, Suicide Awareness Training, and Unintentional Harm

Safety and stability in youth-oriented settings, such as schools and community centers, are social milieus monitored by adults. Schools offer youth opportunities to develop academic and social skills that will suit them throughout their lifetime. To effectively manage and regulate disruptions to the environment, adults are gatekeepers by default who provide an appropriate source of modeling and intervention for youth in distress. Gatekeepers are appointed personnel who intervene, assess, and refer to qualified representatives (Pisani et al., 2012). In schools, gatekeepers communicate with professionals trained in mental health services such as school adjustment counselors. In other environments, gatekeepers are coaches, pediatricians, and trained peers (Ewell Foster et al., 2016). While school adjustment counselors are trained to intervene with students expressing suicidal behavior, gatekeepers, who are often not trained to handle immediate crises, face the challenges involved with youths' self-disclosure of suicidality.

Suicide intervention training for school personnel, such as teachers, paraprofessionals, school nurses, guidance counselors, and custodial staff, is essential because these individuals are in direct contact with youth whether inside or outside of class. Adults in these positions are referred to as gatekeepers, who are additionally mandated reporters. Ethically, a gatekeeper who encounters youth who express suicidality is required to share with an authorized mental health professional, who will then make a referral for psychiatric treatment if necessary (American Counseling Association, 2014). In addition to mandated reporting, gatekeepers can advocate for youth in crisis, thus grounds for the development of skills to handle disclosures is essential to save youth lives.

Advocates for youth are identified as gentle and a source of comfort. The establishment of rapport between the student and the adult makes a difference in the lives of youth in their proudest and darkest moments, thereby establishing why it is so important for adults to receive suicide prevention trainings. Youth who share suicidality with school personnel trust in that person and choose to discuss a difficult topic. When youth and adults establish rapport, the likelihood youth will share suicidality increases (Pisani et al., 2012; White, 2014). Adults can save lives with the proper training alongside healthy rapport with youth. However, ineffective intervention techniques can reinforce the internalization of suicidality despite the strength of the youth-adult relationship.

While rapport is a protective factor against the initiation of a suicide attempt, there are areas where adults may cause unintentional harm to youth. Unintentional harm caused by an adult during an intervention period includes a verbal or non-verbal response that comes across as punitive, personal biases interfering with the intervention, and the lack of knowledge in protocols for referring a youth to a trained mental health professional. The invisible power-differential in the youth-adult relationship already leaves the adult with a disadvantage, thereby emphasizing the importance of avoiding unintentional harm through an incorrect intervention.

The effects of unintentional harm adults may cause during youth self-disclosure of suicidal behavior and how to intervene are critical points to address when training adults who work in youth settings. These adults must know how to address, assess, and intervene with youth who express suicidal intentions in their care. Instruction and practiced application of crisis intervention techniques are necessary for adults who work with youth who are in immediate crisis. In addition to the emphasis on proper intervention techniques, the social environment must be a safe, stable place, free from judgment from adults, and one that can nurture youth, who otherwise have minimal support outside of school (Lee & Wong, 2020; White, 2014). Safety needs must be met to provide the opportunity for closure and security to receive support needed for suicidal ideations and disclosure of suicidal behavior. The adult, therefore, assumes the responsibility to provide the youth with the opportunity for immediacy, assessment of risk, and a referral to a professional with clinical expertise.

The desired outcomes from gatekeeper interventions are to help the youth receive appropriate treatment, strengthen the rapport between the youth and the adult, and find solace in the gatekeeper following the

intervention. While youth who are confident enough to extend a hand for assistance in crisis, untrained adults allow anxiety and fear to overrule them. Situations where youth are informed by the adult that suicidality will be shared with qualified personnel to help keep them safe are a significant area of stress. Adults who do not recognize their personal discomforts associated with suicide intervention tactics may respond inappropriately to youth, whereby discouraging future help-seeking behaviors in youth. Gatekeepers are first responders to youth in crisis and need the toolbox appropriate to successfully intervene with youth who volunteer suicidality.

Gatekeepers as First Responders to Youth in Crisis

The environment where adults work closely with youth in various roles, as instructor, mentor, or identified as a reliable and trusted adult, must posit the ability to effectively communicate with youth to promote healthy social and interpersonal development (Lee & Wong, 2020; Pisani et al., 2012; White, 2014). Structured social environments help youth develop meaningful relationships with friends and adults who work in these facilities. Youth often rely on adults to process difficulties navigating social and interpersonal situations that can manifest into mental health issues, including depression and suicidal behavior.

Social exchanges between youth and peers are witnessed and supervised by adults who are responsible to intervene with youth who report discomfort and hardship. Adults witness interactions help them receive context for the situation. Opportunities for youth to build relationships with peers and adults decreases risk of isolation, a variable identified by White (2014), and relates to experiences with suicidal ideation. How adults use rapport when intervening with youth who exhibit suicidal behavior can significantly decrease youths' risks for suicide attempts. Where adults often find themselves challenged when talking with youth about suicidality is the adult's inability to recognize their strengths and their interactions working with youth, which are enhanced with gatekeeper and suicide intervention training.

It is important adults know how to provide emotional first aid to youth in crisis to help intervene. Interventions are both verbal and non-verbal, all of which either strengthen or weaken youths' comfort level sharing and conversing about suicidal behaviors. Verbal interventions include anything an adult says in the disclosure, and non-verbal interventions are communicators that encourage youth to continue through their disclosure. Several verbal interventions that are helpful during a crisis intervention are reflecting the content of what the youth is saying, reflecting the feelings that the youth is feeling, validating their emotions, practicing empathy, and developing an action plan. Here it is important to share with youth that they must refer them to professionals who can make referrals to keep youth safe. This is a significant area of stress and discomfort for adults; however, it is one of the most important verbal interventions used, since the failure to tell youth will ultimately lead to thinking another adult is against them.

Non-verbal communicators adults should use when intervening with youth are to use gentle, affirming head nods, showing attentive posture, maintaining proper eye contact, and not appearing distracted. Inattention to the youth's story silences invalidates their emotions, deters disclosure of life-saving information, and contributes to the establishment of an unsupportive environment. When adults demonstrate the inability to show effective communication skills with youth, the risk for a suicide attempt increases (Lee & Wong, 2020; White, 2014). Modern shifts to counseling practices aim to explore factors related to multicultural differences, which may determine how the youth chooses to communicate that they are in crisis. Cross-cultural variables are important to consider in an increasingly diversified world, and the inattention to these factors can further the power-differential on more than just the youth-adult perspective, but in terms of any non-dominant cultural factors.

Importance of Multiculturalism in an Increasingly Diverse World

LGBTQ youth disclosed suicidal behaviors four times more often than their heterosexual counterparts, and the same can be said for other minority populations such as Asian American and African American youth (Lee & Wong, 2020). Differences in racial, cultural, and sexual identities elevated the risk of youth suicidal ideation and attempts. Racial and ethnic minorities are not afforded opportunities in some socioeconomic climates, which leaves them disadvantaged in social situations in schools. This is predicated on accessibility to mental health resources, ability to access community supports, and form relationships with students and adults based on discrimination practices and microaggressions (Pisani et al., 2012; White, 2014).

Microaggressions are any verbal or non-verbal behavior that perpetuates a negative cultural stereotype about an individual, whereas a macroaggression generalizes about an entire cultural group. For example, using humor inappropriately that refer to people from a vast array of cultural backgrounds, making generalizations about a group of students based on their cultural background, or assuming an Asian American youth is good at mathematics based on their cultural background are aggressions toward cultural minority youth. Microaggressions discourage youth in crisis to share the suicidal behaviors they experience at the time, which contributes to the increase in reported suicide attempts in cultural minority youth (Barzilay & Apter, 2014). Factors that hinder minority youth to seek assistance from trusted adults are prior experiences of victimization because of microaggressions, macroaggressions, power differentials, and the already existing stigmas around talking about suicide (White, 2014).

Stigma around mental health concerns, such as suicidality, is interpreted differently based on the youth's family supports and cultural upbringing, which stunts motive to effectively advocate for help with active suicidal ideations. Asian American youth often go without mental health treatment because of the cultural belief of shaming family for doing so (Lee & Wong, 2020). Alongside the disparities of stigma and the inaccessibility to appropriate resources for youth development or suicide prevention programs, youth who reside in rural areas frequently display heightened risk of suicidal ideations and attempts (White, 2014). Variables that contribute to the stigma of non-white, cisgender, and heterosexual normative characteristics are minority status and political injustices toward these minority groups. Because of the burdens and hardships minority youth face and the stigma of mental health treatment, less help-seeking behaviors are sought out,

even when these are accessible to disadvantaged youth (Pisani et al., 2012).

Minority youth who experience suicidal thoughts, but are not actively involved in mental health treatment, increase risk of a suicide attempt from twice as likely to ten times as likely (Pisani et al., 2012). This statistic generates risk factors different than youth who reside in affluent and socioeconomically advantaged urban developments. These youth have more accessibility to resources and opportunities to form cohesive groups through academics and extracurriculars (Pisani et al., 2012). Socioeconomically disadvantaged youth often cannot afford mental health treatment and do not receive support, even when resources are available to them. This is a reason why gatekeeper training is important; students who do not have the accessibility to mental health resources outside of school can gain access to them while they are in school. The recent shift that focuses more on the cultural implications of mental health issues in counseling practices, classified as the school of thought known as post-modernism, aims to change the way individuals are impacted by their daily lived experiences based on their cultural backgrounds.

Post-Modern Approach to Suicide Intervention Training

The post-modern approach in school-based settings can be used to focus on enabling youth to detail a story based on their experiences and difficulties related to interpersonal issues with the intergenerational isms perpetuated by society (Neukrug, 2018). The detailed subjective storyline youth are encouraged to create is called a personal narrative, where the problem is externalized, seeing that mental health issues are not exclusively from inside them, but additionally as a result of the society of which the youth are members. When youth illustrate a personal narrative, the adult supports and empathizes with the youth's experiences with being disadvantaged from sequences of prior events. The post-modernist, multiculturally-faceted approach demonstrates effectiveness with suicidal minority youth because of the emphasis on multiculturalism and diversity (Neukrug, 2018; White, 2014). Social injustices stratify effects on mental health and suicidal ideation because these central issues are unique to the individual.

Post-modernism illustrates the concept that experiences, not scaled to fit a canon, cannot account for all youths' experiences with suicidal ideation; rather, it is best explained by confounding variables specific to their life experiences (Neukrug, 2018). The subjectivity of reality and experiences through the youth are different from other youth who may be of a similar minority group. The issues raised in former integrative counseling approaches exclude and do not devote attention to multicultural phenomena, fail to address the subjectivity of human experience, and focus on the conflict that is solely within the individual as opposed to the political environment that interferes with mental health issues (Lee & Wong, 2020). When details of the youth's personal accounts are ignored, the confidence of relationships they share with supportive adults in schools and community-based settings are diminished, which yields to less reports of suicidal ideations and attempts (Lee & Wong, 2020; White, 2014). Intervention tactics should focus on the how youth report a complete account of their life story by demonstrating appropriate verbal and non-verbal skills. Attending to verbal and non-verbal skills shows youth the interest, attentiveness, and caring the adult has toward them, thus strengthening the rapport. Since multicultural considerations are critical to understanding minority youth and the disadvantages they experience, the principles of post-modernism should be utilized in current practice intervening with youth who express suicidality.

Reported in the 1950s through the 1980s, youth suicide rates tripled (Lee & Wong, 2020). As a result, suicide prevention programs to assist adults and students with competence to recognize warning signs and proper procedure to intervene appropriately increased. Suicide prevention programs combatted the increased mortality rates of youth who died by suicide. Didactics taught in early suicide prevention programs formed in the 1980s taught skills used to support youth in crisis and established groundworks to facilitate suicide prevention and intervention programs with shown statistical effectiveness (White, 2014). Although the intended purpose of most empirically based suicide prevention programs is to reduce risk of fatalities in youth, too much attention afforded to the medical model does not fully capture the youth's individual experiences that lead to suicidal ideations and attempts. Thus, most suicide prevention programs that show a significant impact on the reduction of risk, make universal assumptions about the symptomology of suicide risk, thereby using an all-encompassing approach that does not focus on the importance of multiculturalism. The ideology that guides suicide prevention and intervention programs does not account for the importance of variables posited by post-modern theory. Failure to capture the importance of the youth's personal narrative and identity within society may create a power struggle and discourage youth to feel confident enough to ask for help.

The integrative risk and resilience model, thoroughly researched, has an empirical base that encompasses post-modern theory (Barzilay & Apter, 2014). This model developed from Bronfenbrenner's bioecological model, Coll's minority youth development model, and Masten's risk and resilience model underlines experiencing subjective reality as the primary source of strength (Lee & Wong, 2020). Essential to the integrative risk and resilience model are considerations given to sociopolitical structures, microsystems, and the individuals' lived experiences (Lee & Wong, 2020). Sociopolitical factors include economic and minority partisanship exuberated by society, which include the effects of socioeconomic status and the barriers to receiving mental health treatment. Microsystems consist of immediate support systems and identified individuals deemed significant. Individual experiences can be attributed to how coping strategies and mechanisms help to combat discrepancies. The integrative risk and resilience model helps personalize the experience for youth who experience suicidal ideation. When adults assume the role of active listener, the youth can fully demonstrate their expertise in their lived experiences, speak for themselves, and allow the adult to help effectively advocate on behalf of the youth.

Conclusion

Barriers that impact a youth's ability and confidence to disclose suicidal ideations and prior attempts warrant an examination into personal factors, as opposed to a generalized list of symptoms and procedures

outlined by the medical model. Adults trained to recognize suicide prevention and intervention techniques must give power to the youth, who willingly discloses concerns for personal safety, to receive support for a potentially dangerous outcome. If unassessed and misunderstood, a youth fatality by suicide may occur. Adults who work closely alongside youth should address the impacts of multiculturalism and hardships encountered by minority youth. Adults who develop skills to react appropriately and intervene in situations that present immediate risk of the youth's safety may be able to save the lives of youth who are suicidal and contribute to the decrease in fatalities as a result of suicide.

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